

**New Jersey Department of Health
Public Health and Food Protection Program
PO Box 369
Trenton, NJ 08625-0369**

**APPLICATION FOR
TEMPORARY MARKETING PERMIT:
FROZEN DESSERTS MANUFACTURING PLANT**

A sample label must be attached to this application for review.

Name of Owner or Corporation	Brand Name(s) Under Which Product Will Be Sold
Trade Name	
Establishment Location	
City, State, Zip Code	
Mailing Address (if different)	
City, State, Zip Code	Estimated Number of Gallons To Be Made
Telephone Number ()	January 1, <u>20</u> to December 31, <u>20</u>
	Amount: _____ Gallons

PRODUCT DESCRIPTION

Ingredients – Specify Source(s):	Percent of Total
Fat _____	_____
Sweetening Agent(s) _____	_____
Nonfat Milk Solids _____	_____
Flavoring _____	_____
Coloring _____	_____
Stabilizer _____	_____
Caseinates _____	_____
Other _____	_____
Weight Per Gallon of Product: _____ Pounds	

Which standardized frozen dessert does this product most closely resemble?

Specifically, in what particulars does this product differ from that standardized frozen dessert?

I hereby make application for a temporary marketing permit for the above-described frozen dessert product.

Name of Applicant (<i>Print</i>)	Title
Signature	Date

STATE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature	Date
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Remarks